MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031907
STATE FILE NUMBER

Registration District No. _128_ Primary Registration District No. _2000_ Registrar's No. _1248_

FILED SEP 12 1963

1. PLACE OF DEATH
a. COUNTY _Greene_
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN _Springfield_
Length of stay in 1b _6 weeks_
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _Burge Protestant Hosp._
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE _Mo._ b. COUNTY _Greene_
c. CITY OR TOWN _Ash Grove Mo._ Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) _School Street_ Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First _Doris_ Middle _Lee_ Last _Brookshier_

4. DATE OF DEATH Month _Sept._ Day _4_ Year _1963_

5. SEX _Female_
6. COLOR OR RACE _White_
7. Married ☒ Widowed ☐ Never Married ☐ Divorced ☐
8. DATE OF BIRTH _Nov. 6 1925_
9. AGE (last birthday) _37_ IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _Housewife_
10b. KIND OF BUSINESS OR INDUSTRY _Domestic_
11. BIRTHPLACE (City and state or country) _Miller Mo._
12. CITIZEN OF WHAT COUNTRY _U.S.A._

13a. FATHER'S NAME _Edward Hunter_
13b. MOTHER'S MAIDEN NAME _Alta Hood_
14. NAME OF HUSBAND OR WIFE _James Brookshier_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _None None_
16. SOCIAL SECURITY NO.
17. INFORMANT _James Brookshier Ash Grove Mo._ Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) _Widespread metastasis of malignant melanoma to liver, lung, etc_ INTERVAL BETWEEN ONSET AND DEATH _6 mos_
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _melanoma to liver, lung, etc_
DUE TO (c) _Malignant melanoma - left ankle_ _16 mos_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. Yes ☐ No ☒ Unknown ☐

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _May, 1962_ to _Sept. 4, 1963_ and last saw her alive on _Sept. 4, 1963_
Death occurred at _10:55 P._ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) _J. W. Clawson, M.D._
22b. ADDRESS _Springfield, Mo_
22c. DATE SIGNED _6 Sept '63_ (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) _Burial_
23b. DATE _Sept. 8 1963_
23c. NAME OF CEMETERY OR CREMATORY _Ash Grove Cemetery_
23d. LOCATION (City, town, or county) _Ash Grove Mo._

24. FUNERAL DIRECTOR _J W Birch_ ADDRESS _Ash Grove Mo._
25. DATE RECD. BY LOCAL REG. _9-9-63_
26. REGISTRAR'S SIGNATURE _Bernie Medley_ (acting)

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ , Student Embalmer No._____

working under my personal supervision.

Student_____   Signed_____Richard E. Watts_____
　　　　　Signature of Student Embalmer

Licensed Embalmer No. 4652

P. O. Address Oak Grove, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
　　　If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
　　　If this body is not embalmed, fact should be so stated above.